

Exclusive Breastfeeding After 40 Years of Age – Where Are We Going?

Miguel Paiva Pereira, Cláudia Fernandes, Ana Rute Ferreira, Mafalda Lucas, Ana Rodrigues, Cristina Matos

Unidade Funcional de Neonatologia, Centro da Criança e do Adolescente
(Head Department: Ana Serrão Neto), Hospital CUF Descobertas, Lisboa, Portugal



Objectives

Exclusive breastfeeding (EBF) benefits for the newborn and the mother are well documented (WHO, 2013). Maternal age has increased in most developed countries in the last years (OECD, 2016). Recent studies found a negative effect of a higher maternal age on successful EBF (Kitano 2015; Colombo 2018). In our second level hospital, the total EBF rate at the time of discharge is 71% and there was noticed an increase in the number of mothers aged 40 years or older, from 4.2% in 2010 to 10.9% in 2017. The purposes of our study are to verify if EBF is lower in older mothers, to identify risk factors and to delineate strategies to improve the results in this population.

Methods

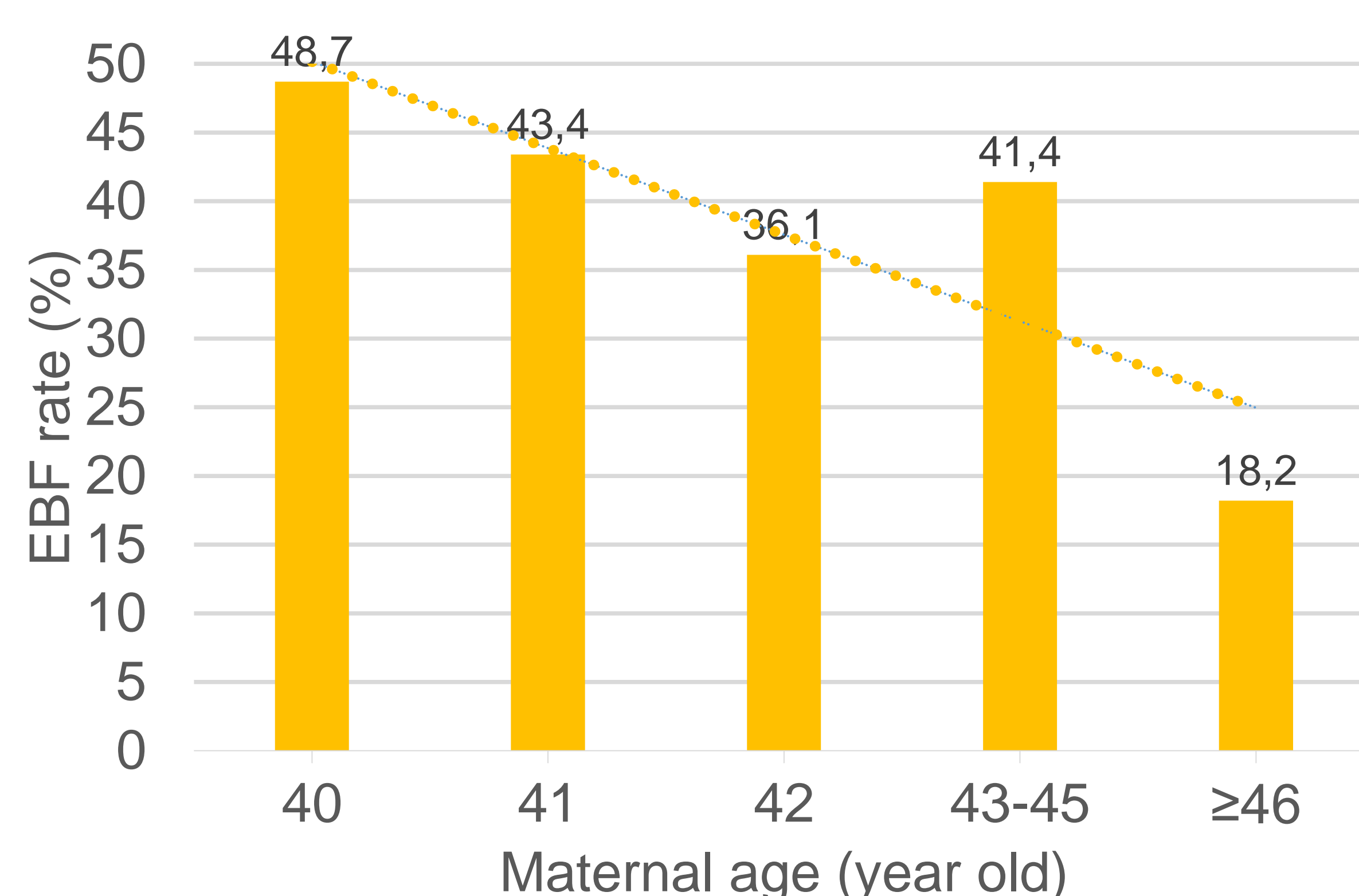
Retrospective study using medical records of newborns from mothers ≥ 40 -year-old who were born in our hospital during 2018. We registered gestational age, newborn gender and birth weight and we analyzed maternal age, type of delivery, nulliparity, *in vitro* fertilization (IVF) and Neonatal Intensive Care Unit (NICU) admission as factors that could influence the type of feeding at the time of discharge.

Results

We included 346 newborns, 13.4% of all babies delivered in our maternity in 2018. The median maternal age was 41 (40-53). The median gestational age, the average birth weight and the newborn gender are show in the tables. The EBF rate was 43.1%, ranging from 48.7% in 40-year-old mothers to 37.7% in ≥ 44 -year-old mothers. Caesarean sections (C-section) corresponded to 70.2% of deliveries, with an EBF rate of 35.3% (vs an EBF rate of 61,8% in vaginal deliveries). The EBF rate was 37.5% in nulliparous (vs 45.2% in multiparous), 34.1% in pregnancies from IVF (vs 44,4% in spontaneous pregnancies) and 22.9% in newborns admitted to the NICU level 2 (vs 46,3% in those with no need of admission).

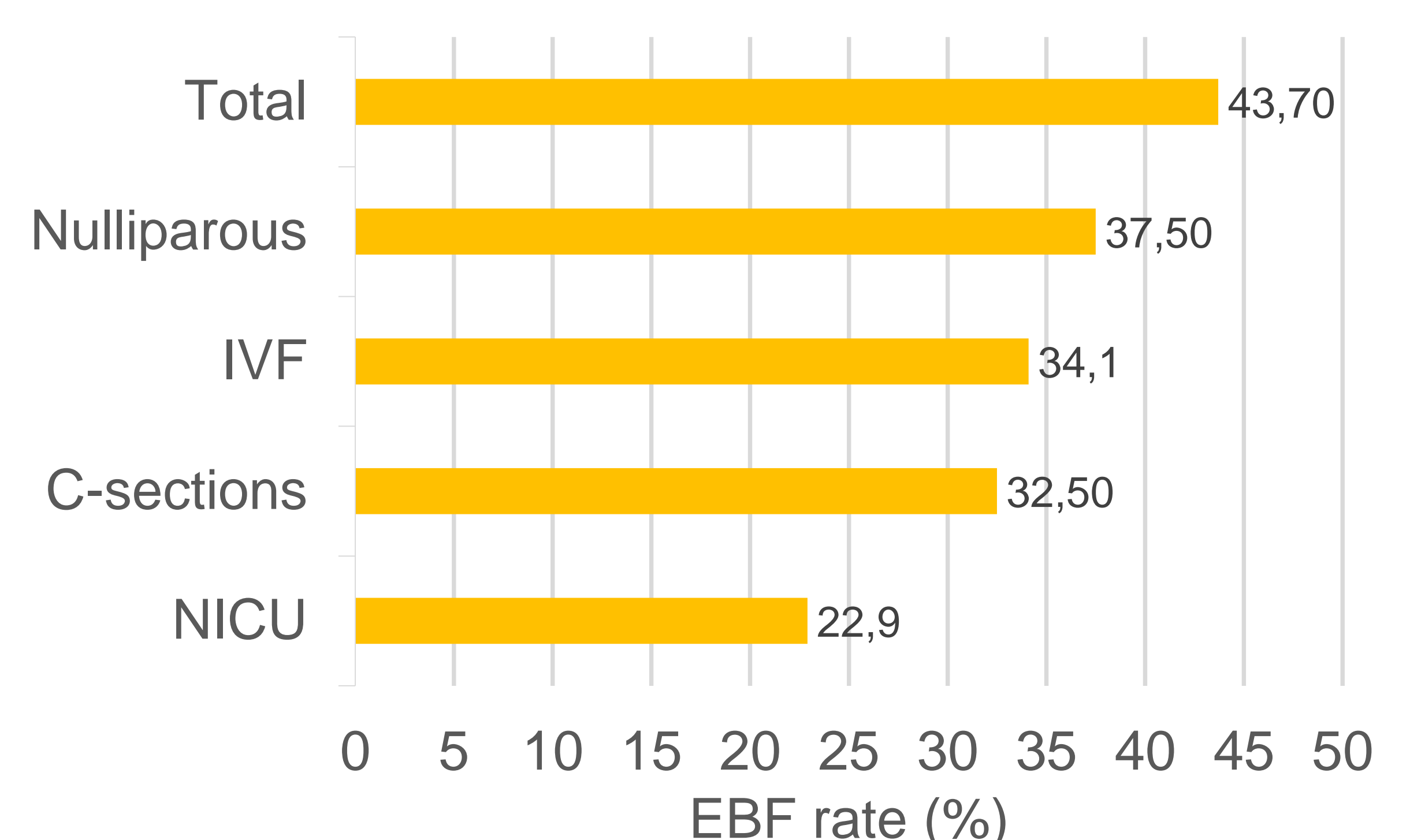
Mothers' epidemiological data (N = 342)

Median gestational age	38 (32-41) weeks
Caesarean sections	240 (70.2%)
Nulliparous	94 (27.5%)
<i>In vitro</i> fertilizations	42 (12.3%)



Newborns' epidemiological data (N = 346)

Gender	175 ♀ (50.6%) 171 ♂ (49.4%)
Average birth weight	3123g (± 463 g)
Total EBF rate	149 (43.1%)
NICU admissions	48 (13.9%)



Conclusions

A higher maternal age negatively influences EBF. We identified other risk factors, such as nulliparity, C-section, IVF and the admission to NICU. It is important to address this risk group and more efforts should be made both in the prenatal and early postnatal periods to improve breastfeeding practice.

14th International Breastfeeding and Lactation Symposium
4-5 April 2019 London, England